

**MENTAL HEALTH INPATIENT  
INITIAL CERTIFICATION APPLICATION**  
**Chapter DHS 61.71 and 61.79**

**SURVEY REPORT FOR INPATIENT TREATMENT PROGRAMS**  
**Chapters DHS 61.70-61.72, 61.74, 61.78, 61.79**

**To Program Personnel:**

This application is to verify that the mental health inpatient program complies with Wisconsin Administrative codes Chapters DHS 61.71 and 61.79. After review of the submitted application, a preliminary determination will be made as to the unit's eligibility for certification. If eligibility appears feasible, an on-site visit will be scheduled and certification status determined. If no significant deficiencies are found by the site visit, a certificate will be issued. If significant deficiencies are identified, the applicant will be afforded an opportunity to develop a plan of correction to complete compliance.

**Read the directions carefully before completing this application.**

- **Respond to every item.**
- Where verification is required in the application, list the type of policy document or materials that will be presented to verify the statement in question. **DO NOT** forward the actual documents or material with the application, but be sure that such are available for review at the time of the on-site survey.
- Duplicate the staff addendums as needed.

This survey document is divided into three distinct parts:

- **Part I** is a general survey and also pertains to adult inpatient treatment programs.
- **Part II** is particular to children and adolescents and must be completed **in addition to Part I**, if you treat individuals less than 18 years of age for more than evaluation purposes and if these individuals exceed 21 total days within a three month time span.
- **Part III** is entitled "Inpatient Mental Health Staff" and is to be completed as appropriate.
- The full certification standards for mental health inpatient treatment are in a separate document.

**Chapter DHS 61.74 Emergency Care – Inpatient Mental Health**

Inherent within the inpatient survey document(s) is the concept of emergency care which, by state statute, is required for all counties. It is not the purpose of these standards or the 51.42 / 437 Board to duplicate services. Therefore, if emergency services have been provided by or contracted by the Board or you do not wish to be certified for emergency services (meaning providing emergency mental health inpatient care for all county residents or contracted service area(s)), make note of this in the "Comments Section." Otherwise, successful verification of the inpatient survey document will automatically result in certification for inpatient as well as emergency inpatient mental health treatment.

**By completing and submitting this form, the clinic indicates that  
it is in compliance with the program standards as required by state statutes.**

Name – Facility

Address – Physical

City

State

Zip Code

County

Telephone Number

E-mail Address  *May be published in Provider Directory*

Fax Number

Internet Address  *May be published in Provider Directory*

Name – Contact Person

Telephone Number

E-mail Address  *May be published in Provider Directory*

Name – Person Who Completed this Form

Telephone Number

E-mail Address  *May be published in Provider Directory*

**I hereby attest that all statements made in this application and any attachments are correct  
to the best of my knowledge and that I will comply with all laws, rules, and regulations governing inpatient mental health,  
including Chapters DHS 61.70 – 61.72, 61.74, 61.78, 61.79, 92, and 94.**

FULL SIGNATURE – Director

Date Signed

Full Name – Director (*Print or type.*)

**Checkboxes indicate a required response. To avoid delays in certification, respond to all items.**

**PART I SURVEY REPORT - Inpatient Treatment Programs  
(Chapter DHS 61.70 – 61.72; Includes General Requirements and Adult Program Standards)**

**Chapter DHS 61.71 (1) Required Personnel**

A written policy that meets or exceeds the following minimum staffing requirements.

(a) Psychiatry

- Yes  No 1. Psychiatrist – Medical Director  
 Yes  No 2. .8 hour per patient per week  
 Yes  No 3. Available daily and in emergencies

(b) 1 Nursing Services

- Yes  No 1. At least one RN on day and evening shift  
 Yes  No 2. At least one RN or LPN on night shift  
 Yes  No 3. .32 hour per patient per day (2.24 hour per week) on day shifts  
 Yes  No 4. .16 hour per patient per (1.12 per week) evening and night shifts

(c) 2 Aides and paraprofessionals

- Yes  No 1. 1.24 hours per patient per day  
 Yes  No 2. At least one aide or other supervising staff person on duty in each ward when patients are present

(c) Activity Therapy

- Yes  No 1. 1.24 hours per patient per day  
 Yes  No 2. At least one aide or other supervising staff person on duty in each ward when patients are present  
 Yes  No 3. At least one COTA (or activity or art therapist)  
 Yes  No 4. Does OTR serve other units in the facility?  
 Yes  No 5. Do you have a work program (under the supervision of an OTR or vocational rehabilitation counselor)?

(d) Social Services

- Yes  No 1. .8 hour per patient per week  
 Yes  No 2. At least one MSW  
 Yes  No 3. Other MSW, BSW, or BSS staff

(e) Psychological Services

- Yes  No 1. .8 hour per patient per week  
 Yes  No 2. Licensed clinical psychologist

**Documentation:**

**Chapter DHS 61.71 (2) Program Content**

(a) Therapeutic Milieu

- Yes  No 1. Written policy statement that describes overall program philosophy and design consistent with requirements for program content, including Chapters DHS 61.70 – 72, 61.74, 92, 94, and other applicable statutes and regulations.

**Documentation:**

2. Staff Functions

- Yes  No
- Yes  No
- Yes  No

- a. Organization chart
- b. Position descriptions --- all staff
- c. Hospital staff and others participating in patient staffing.

**Documentation:**

(b) and (c) Clinical Records

- Yes  No

- 1. Complete evaluation within 48 hours after admission (including psychiatric examination; family and social history; psychological exam, if indicated).
- 2. Treatment plan for each patient
- 3. Periodic treatment plan review by staff professionals.
- 4. Patient involved in writing treatment plan.
- 5. Weekly progress notes by staff professionals

**Documentation:**

- Yes  No
- Yes  No

- (d) Drug and Somatic Therapy. Every patient deemed an appropriate candidate shall receive treatment with modern drugs and somatic measures in accordance with existent laws, established medical practice, and therapeutic indications.
- (e) If the program includes a group therapy program, provide written description.

**Documentation:**

- Yes  No

- (f) Written description of activity therapy program consistent with inpatient treatment requirements.

**Documentation:**

- (g) If your program is unified board operated or contracted, a written plan for integration and coordination with other services, including:

- Yes  No
- Yes  No
- Yes  No
- Yes  No

- 1. Clinical record transfer policy
- 2. Alternate care resources.
- 3. Vocational rehabilitation and sheltered workshop resources.
- 4. Resource directory.

**Documentation:**

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**Chapter DHS 61.72, 61.78, 61.79 Staff Development**

- Yes  No
- Yes  No

- 1. Written policy that ensures that all staff meet appropriate mental health education, experience, and aptitude requirements.
- 2. Staff development program.

- Yes  No      3. 48 hours per year of in-service training for staff serving children and adolescents.

**Documentation:**

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**COMMENTS:**

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**PART III SURVEY REPORT - Additional Requirements for Child and Adolescent Inpatient Treatment Programs  
(Chapter DHS 61.78 – 61.79)**

A written policy that meets or exceeds the following minimum staffing requirements.

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**Chapter DHS 61.78(2)(a) and 61.79(1)(a) Psychiatry**

- Yes  No      1. Licensed child psychiatrist certified/eligible for certification by American Board of Psychiatry and Neurology.  
**or**  
 Yes  No      2. Psychiatrist with at least two years of clinical work with children and adolescents.  
 Yes  No      3. Minimum of 1.4 hours per patient per week.

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**Chapter DHS 61.78(2)(b)1 and 61.79(b)1 Nursing Services**

- Yes  No      1. .64 hour per patient per day (4.48 per week) – day and evening shifts  
 Yes  No      2. .32 hour per patient per day (2.24 per week) – night shift

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**Chapter DHS 61.79(1)(b)2 Aides, Child care workers, Other Paraprofessionals for Children**

- Yes  No      1. .98 hour per patient per day (6.86 per week) – day shift  
 Yes  No      2. 1.28 hours per patient per day (8.96 per week) – evening shift  
 Yes  No      3. .64 hour per patient per day (4.48 per week) – night shift

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**Chapter DHS 61.79(1)(b)2 Aides, Child Care Workers, Other Paraprofessionals for Adolescents**

- Yes  No      1. .8 hour per patient per day (5.6 per week) – day shift  
 Yes  No      2. 1.1 hours per patient per day (7.7 per week) – evening shift  
 Yes  No      3. .4 hour per patient per day (2.8 per week) – night shift

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**Chapter DHS 61.78(2)(c) and 61.79(1)(c) Activity Therapy**

- Yes  No      1. At least one full-time activity therapist  
 Yes  No      2. 1.6 hours per patient per day  
 Yes  No      3. Structured and unstructured activities – day, evening, weekend
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**Chapter DHS 61.78(2)(d) and 61.79(1)(d) Social Service**

- Yes  No      1. 1.6 hours per patient per week

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**Chapter DHS 61.78(2)(e) and 61.79(1)(e) Psychological Service**

- Yes  No      1. 1.6 hours per patient per week

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**Chapter DHS 61.78(2)(f) and 61.79(1)(f-h) Education and Vocational Services**

- Yes  No      1. At least one certified teacher (employed by program or by local education agency)
- Yes  No      2. 4.8 hours per patient per week
- Yes  No      3. 1 hour per patient per week of speech and language therapy as indicated
- Yes  No      4. 1.3 hours per patient per week of individual vocational counseling and training as indicated for adolescents over 14 years of age

**Documentation:**

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**Chapter DHS 61.72(2)(a-e) and 61.78(1) Program Operation and Content**

Description of child and adolescent inpatient treatment program philosophy and design, policies, and procedures, including intake, treatment services, and special education, vocational, and activity programs, including Chapter DHS 61.78 and 79.

**Documentation:**

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**COMMENTS:**

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**PART IV INPATIENT MENTAL HEALTH STAFF** (Chapter DHS 61.70 – 61.72, 61.74, 61.78, 61.97)

Standards	Name	Position / Title	Degree	License / Cert. No.	Treat Hours	Weekly Schedule Total Hours	Days
Psychiatry							
Aides and Other Paraprofessionals							
Activity Therapy							
Social Services							

Standards	Name	Position / Title	Degree	License / Cert. No.	Treat Hours	Wkly Schedule Total Hours	Days
<b>Psychological Services</b>							
<b>Educational Services</b>							
<b>Vocational Services</b>							
<b>Speech / Language</b>							

**SIGNATURE** – Director \_\_\_\_\_

Date Signed \_\_\_\_\_



